



City of Rochester
Building Safety Department
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**MANUFACTURED HOME PARK
Permit Application**

Office Use Only

(3/05)

App. No. _____

Date _____ Manufactured Home Park _____

Site Address _____
Number Street Lot No.

Subdivision and/or Addition	Block	Lot	Plat	Parcel

Applicant is: ☐ Owner ☐ Contractor/Installer ☐ Other (describe) _____

Owner	Name _____ Phone (____) _____ Last First MI
	Address _____
	City _____ State _____ Zip Code _____
Contractor/ Installer	Company _____ Phone (____) _____
	Name _____ Roch. Contr. No. _____ Last First MI
	Address _____ Installer Contr. No. _____
	City _____ State _____ Zip Code _____
Trade Contractors	Electrical _____ Roch. Contr. No. _____
	Mechanical _____ Roch. Contr. No. _____
	Plumbing _____ Roch. Contr. No. _____

New Home Installation

Manufacturer _____ Mfr. Date _____

Model _____ Size _____ Serial No. _____

Is this the first time a home is being installed on this lot? ☐ Yes ☐ No

The manufactured home shall be installed by an installer licensed by the State of Minnesota. The installation shall be in accordance with Minnesota Rules (M.R.) Chapter 1350 and the manufacturer's instructions. Additional permits are required for the water, sewer, gas piping and electrical connections.

Description of Other Work (If not new home) _____

Total valuation of work \$ _____ (installation and hookup costs)

I hereby apply for a manufactured home park permit, and I certify that the information above is complete and accurate. The work will be in conformance with applicable laws of the State of Minnesota and ordinances of the City of Rochester, including City Sales and Use Tax Ordinance 129.25. I understand this is not a permit but only an application for a permit and work is not to start without a permit. I certify that the work will be in accordance with all permit conditions and approved plans (in the case of work which requires a review and approval of plans).

I hereby certify that I am properly registered and/or licensed as required by the State of Minnesota and/or the City of Rochester. Anyone not so licensed may do work on premises or that part of premises (not containing more than two units) owned and actually occupied by the worker as a residence.

Applicant's Signature

Date

MANUFACTURED HOME PARK REVIEW

Lot No. _____

Comments: _____

Approved by: _____
(Owner or Manager)

Date: _____

OLMSTED COUNTY PUBLIC HEALTH SERVICES REVIEW

(Include a site plan showing the proposed structure, with distances to buildings, lot lines and roadways.)

Comments: _____

Reviewed for consistency with Minnesota Law M.S.327:

By: _____

Date: _____

DO NOT WRITE BELOW THIS LINE – Office Use Only**ZONING REVIEW COMMENTS**☐ Site Plan☐ Surveyor's Certificate

Zoning District _____

Flood District _____

Flood Protection Required _____

Flood Protection Elev. _____

Comments: _____

Final Zoning Review Required ☐ Yes ☐ No

Zoning Approved by: _____ Date: _____

GENERAL INFORMATION

R106 Manufactured Home

Finish Floor Elev. _____

Lowest Floor Elev. _____

☐ Privately owned☐ Publicly owned

Comments: _____

Permit Approved by: _____ Date: _____